

Local Form 440 (12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Georgia**Marcey Chatman***Plaintiff*

v.

AID Atlanta, Incorporated and AIDS Healthcare Foundation (Inc.)

Defendant

Civil Action No.

1:19-cv-03204-LMM-CCB

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

AID Atlanta, Incorporated
 Corporation Service Company
 40 Technology Parkway South, #300
 Norcross, Georgia, 30092

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Paul J. Sharman
 The Sharman Law Firm LLC
 11175 Cicero Drive, Suite 100
 Alpharetta, GA 30022

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

JAMES N. HATTEN

CLERK OF COURT

/s/ Teresa Frazier

Signature of Clerk or Deputy Clerk

Date: 7/17/2019



Local Form 440 (12/09) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE*(This section must be filed with the court unless exempted by Fed. R. Civ. P. 4 (l).)*

This summons for (name of individual and title, if any) _____
was received by me on (date) 9-12-19.

AID Atlanta Incorporated

☐ I personally served the summons on the individual at (place) _____

on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____

, a person of suitable age and discretion who resides there,

on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) Alisha Smith C/o CSC, who is
designated by law to accept service of process on behalf of (name of organization) Corporation Service
Company / Authorized on (date) 9-16-19; or

☐ I returned the summons unexecuted because _____; or

☐ Other (specify): _____

My fees are \$ 0 for travel and \$ 75⁰⁰ for services, for a total of \$ 75⁰⁰.

I declare under penalty of perjury that this information is true.

Date: 9-16-19
Server's signature

Elizabeth Shepherd / Process Server
Printed name and title

P.O. Box 276 Kennesaw GA 30156

Server's address

Additional information regarding attempted service, etc:

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on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) Alisha Smith c/o CSC, who is
designated by law to accept service of process on behalf of (name of organization) Corporation Serve
Company / Authorized to Accept on (date) _____; or

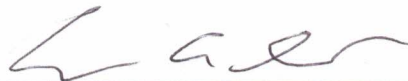
☐ I returned the summons unexecuted because _____; or

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I declare under penalty of perjury that this information is true.

Date:

9-16-19

Server's signature

Elizabeth A. Shepherd / Process Serv

Printed name and title

P.O. Box 276 Kennesaw, GA 30144

Server's address

Additional information regarding attempted service, etc: